

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

## FOR OFFICE USE ONLY

Postmark Date: 10/14/98

LSOPP **1981750**

✓ \$15.00  
\$10.00  
LOM

1. NAME Spradley Linda D. MI  
Last First MI

2. BUSINESS PHONE (225) 766-1359

3. BUSINESS ADDRESS 7612 Picardy Ave., Ste. L. Baton Rouge, LA 70808  
Street and No. City State Zip

4. EMPLOYER Spradley & Spradley

5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

✓ 1. Name Magellan Health Services

Address 3414 Peachtree Rd., NE, Suite 1000, Atlanta, GA 30326

Business or purpose Health Care

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 09-30-98

# SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name United Health Care-Louisiana

Address POBox 80159, Baton Rouge, LA 70898-0159

Business or purpose Health Care/Insurance

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☒ Terminated Representation as of 09/30/98

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Linda B. Spradley, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 29 day of October, 1998

Notary Public

*Supplemental*

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is  
submitted between December 1 and January 31.

338  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

## FOR OFFICE USE ONLY

Postmark Date: 10/14/98

*10 ml*  
*consider*  
*this part*  
*of supp.*  
*Rec'd 10/21/98*  
*Re: Paddy 11/20/98*

1. NAME Spradley Linda D. Mi  
Last First MI

2. BUSINESS PHONE (225) 766-1359  
Area Code and Phone Number

3. BUSINESS ADDRESS 7612 Picardy Ave. St. L. Baton Rouge, LA 70808  
Street and No. City State Zip

4. EMPLOYER Spradley & Spradley

5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name VALIC

Address 800 Gessner, Ste. 1280, Houston, TX 77024

Business or purpose Life Insurance

Does this person pay you? XX

If No, who pays you? \_\_\_\_\_

2. Name Blue Cross Blue Shield of Louisiana

Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Health Care/Insurance

Does this person pay you? XX

If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Linda B. Spradley, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 20th day of

Oct. Beh. 1998.

G. Hank P. Brown  
Notary Public

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

SPRADLEY & SPRADLEY  
7512 PICARDY AVE., STE. L PM, 766-1358  
BATON ROUGE, LA 70808

84-117851  
00069120F

5109

DATE 10-20-98

PAY TO THE ORDER OF Board of Ethics  
Thirty and no/100 \$30.00

DOLLARS 30

CNB CITY NATIONAL BANK  
OF BATON ROUGE  
Baton Rouge, Louisiana

MEMO registration lobby fees

0065400111000069123205109

LOUISIANA BOARD OF ETHICS  
SUITE 200  
8401 UNITED PLAZA BLVD.  
BATON ROUGE, LA 70806

Receipt

Date 11/19/98 No. 435680

RECEIVED FROM Spradley & Spradley \$30.00

FOR Thirteen and no/100 DOLLARS

FOR Supplemental Lobbying log (#440 + #338)

FROM 1999 Lobbying log (#513)

TO

ACCOUNT	
PAYMENT	30.00
BALANCE DUE	

☐ cash

☒ check #5109

☐ money order

BY W. Ingram

701182



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
8401 UNITED PLAZA BOULEVARD  
SUITE 200  
BATON ROUGE, LA 70809-7017  
(504) 372-1400  
FAX: (504) 372-1414

November 20, 1998

Linda B. Spradley  
7612 Picardy Avenue  
Suite 1  
Baton Rouge, La 70808

Dear Lobbyist: *4338*

The Louisiana Board of Ethics has received and accepted for filing your supplemental form(s) and payment in connection with your registration as a lobbyist.

I have enclosed a receipt for your records.

Sincerely,

LOUISIANA BOARD OF ETHICS

*Wendy M. Ingram*  
Wendy Ingram

EB:wmi

Enclosure